Approved for use through 7/31/2006, OMB 0651-0032 U.S. Palent and Tradeniark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for Form PTO-875										Application or Docker Number		
L	CLAIMS AS FILED - PART ( (Column 1) (Column 2)						_	SMALL	ENTITY	OR		R THAN L ENTITY
	- FOR			NUMBER FILED		NUMBER EXTRA		RATE	FEE	]	RATE	FEE
(37	SIC FEE CFR 1.16(a))								s	OR		5
	CFR 1.16(c))		minus 20 ÷				1	x s =		OR	xs =	
	CFR 1.16(b))	IMS		minus	3 = .		1	x s =		OR	x s =	<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								+5 =		OR	+1 :	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL		OR	TOTAL	1.
		LAIMS	AS AM	ENDEC	) - PART II		•		•		<u> </u>	
L			(Column 2)		SMALL (	ENTITY	OR		R THAN ENTITY			
AMENDMENT A		REM	AIMS AINING TER QMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 3 15(C))		1	Minus	75	=	1	x s =		OR	x s =	. , , , ,
	Independent (37 CFR 1 (6(b))		3	Minus	7	-		x s =		OR	x \$ =	
⋛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(6))							+ \$ =		OR	+5 =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
7	laglo:	Ć (Colu	na 1)		(Column 2)	(Column 3)				•	ADDETEE (	
ENDMENT B		REMA AF	UMS UNING TER OMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	, 6		Minus	25	=	Ī	x s =		OR	x s =	
	Independent (37 CFR 1.16(b))			Minus .	7	= /		x s = ·		OR	x s =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))							+ s =		OR	+s =	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Cotur	nn 1)		(Column 2)	(Calumn 3)		•				
AMENDMENT C		CLA REMA AFT AMENE	INING ER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (3) CFR 1.16(c))	•	]	Minus	••	=	ſ	x s=		OR	x \$=	
JEN JEN	independeni (37 CFR 1.16(b))	•	]	Minus	***	-		x s=		OR	x \$=	
Ŕ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 6=		OR	+ \$=	
										OR	TOTAL ADO'L FEE	
•	'If the "Highest h	Number P	reviously	Paid For	IN THIS SPACE	te "0" in column 3 is less than 20, e is less than 3, en	enter		<del></del>	•	_	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

